

Notes from the Meeting to Present the Q4 Results to the MOH

Date: 15/12/2021

Local: Virtual Via Zoom



Link to the meeting recording: <https://statedept.zoomgov.com/rec/share/t35aBQLt-NNjZErgD8qFm9b8OoVqjD-Ce0Gxrb0faZQZZc5J41jUvv9TSrj47Blj.2d9xEYVzXgHe9gYN?startTime=1639548017000>

Discussion

Most of the discussion took place in chat, as per the notes below:

- Guita Amane
 - Good Morning. the data shows the Need for Screening in **ML** Testing
 - Yeah Nely, many CI contacts come in through UATS for Testing, and the most affordable service.
 - The data shows that We Still have great chances for Optimization of PICT in PICT (screenings, BS and outpatient appointments). how about we go back to Monitoring Optimization of PICT?
 - I still think it is worthwhile to talk again about boosting Testing in universities and technical schools... adolescents and youth.
- Nely Honwana
 - Good morning Guita, yes, we can get back to monitoring the optimization of ATIP and the use of the screening algorithm. According to the proposal we can reopen the conversation of offering ATS in universities and technical schools now in the COP22 planning.

- Jessica Selemene
 - I think it would be interesting to disaggregate the military data by province, it would be interesting to see the relationship of positivity to the current military conflict situation in certain parts of the country.
- Joe Lara
 - @Jessica - Unfortunately our DOD data is aggregated and a single line, meaning we have no possibilities to disaggregate by military installation. This has to do with the sensitivity of associating military sites with geographic coordinates.
- Hélder Macul
 - Is the data on assets in ART from AJUDA sites or from ALL HF?
- Dércio Filimão
 - They are from all HF
- Guita Amane
 - Ok Nely, we have many actions...let's try to make it happen...Optimization, Linking, AGYW
- Nely Honwana
 - yes, we have to be strategic now in planning the next COP
 - As for the tracking of ML, that issue will have to be discussed in the PMTCT.... however, we others can always disaggregate and analyze our data including the SMI and excluding the MCH, just like the MoH does in the quarterly reports.
- Guita Amane
 - ML=SCREENING....yes! let's get PMTCT right
- Joe Lara
 - 1.6 million is from all US but the graph with % growth by age group and gender is from AJUDA sites only.
- Hélder Macul
 - Right. Because according to the semi-annual report from the MOH, we have by the end of June 2021 about 1.5 million. It makes sense that 1.6 is from ALL HF.
- Armindo Tonela
 - Would there be any explanation for the high positivity rates in the months with the highest impact of Covid-19, which recorded a low testing rate, namely Q2 2020 compared to other quarters?
- Hélder Macul
 - According to Nely, testing was extremely focused for case indices in these months
- Smikusova
 - Circular guiding testing and retesting for ML was sent to provinces November 25, 2021.

Questions and Answers (part 1)

- Helder Macul MoH - MoH HIV Program

Comments:

- Linkage

- We have been talking about proxies and data quality for some time now. In the planning of the past COP there was an intervention that talked about the use of tablets in HTC so that the actors doing counseling and testing could record this information to facilitate connection control. Has there been any progress in this regard?
- I think we are retesting so we have the linkage rates below 100 % for both men and women
- About centralization of EPTS. What is the state of play? This would help in controlling people living with HIV by avoiding retesting. These are interventions that could have a big impact.
- Joe Lara
 - Regarding the application and use of tablets in ATS, I am not aware of the initiative at least in the meetings I have attended. If it was talked about during the COP process, we can revisit it.
 - I know there has been some talk about electronic systems, but to my knowledge the talks are in the early stages
 - About centralization, we are in the process of doing centralization in the three provinces mentioned, I think we are having the process at a good pace and that will make it easier to expand in other provinces. It is ongoing and there are no changes in terms of timeline.
- Orlando Munguambe (chat)
 - Good morning, I am asking for a brief explanation on the method that is being used for the monthly TPT monitoring.
- James Cowan
 - In TB, in the analyses that we had was only of the group of patients who started TPT. We have not had the opportunity to analyze in all patients who have HIV. We worked with computer teams who created new monthly report to analyze that.
 - We calculate the number of TPT candidates who have no documentation. We have been ordering these analyses monthly to get a better idea about TPT coverage.
 - We recently had a panel analysis that we can share with the MoH and other partners to see how the process is going.

Moved on to the next block of presentations

- Joe Lara (Chat)
 - Just saying that this TPT data comes in the same data submission as the early retention and MDS each month
- Kwalila Tibana (Chat)
 - Good morning. I don't see in this cascade the positivity in under 2 months.
 - I see we have big challenges in the military units as well.
- Jéssica Cowan
 - Positivity <2 months is 1.9%.

Moved on to the third round of presentations

- Celeste Amado (Chat)

- Good morning. Congratulate colleagues on the improvement in **cacum** (cervical cancer) performance and agree that we need to improve on the quality of screening and referral and counter referral
- Jessica Cowan
 - Thank you and agree Dr. Celeste
- Jessica Selemene
 - Thank you Nuno, I think it is important to stress that the data presented so far is from a period before the National expansion of PrEP
- Jessica Selemene
 - In relation to the expansion of PrEP and the stage that they are at it is also necessary to mention that some provinces still have some delay in the expansion, and it is necessary to see how to support these provinces especially those that were implementing with the previous instruments
- Nuno Gaspar
 - Thank you and noted, Dr. Jessica.
- Jessica Selemene
 - I think the issue of prisons the main gap is the post-release update, at the national level, according to SERNAP, the average length of stay is less than 12 months, and we are not able to have this post-release information.
- Paula Simbine
 - Dr. Jessica, it is indeed necessary to work with SERNAP to identify the most effective ways to follow up, because we do recognize that this is a big challenge.
 - Particularly when the inmate comes from another geographic area and connection to the referral and/or preferred US for continuity of care

Move on to the fourth block of presentations

- Hélder Macul (chat)
 - Does the VL data that comes out of DISA go into the Lab File or Master File in EPTS?
- Joe Lara
 - @Dr. Helder the results go to both sheets in EPTS. First when you get to the HF, they go to the lab sheet. After the results are returned to the patient, the results also go to the FM card.
- Hélder Macul
 - I'm referring to the data that flows automatically from DISA to EPTS. Which chart will they fall into?
- Joe Lara
 - I believe they go to the lab form, not FM form. That's got to be it.
- Hélder Macul
 - Right. I agree that's how it is
 - It can't go to the EPTS FM

- Because the typist must manually copy the result on the physical Master Sheet to the FM of EPTS.
- Joe Lara
 - Right. I will make sure with the Lab and SIS group that this will be the case but as I said, I believe this has been taken care of.
- Armindo Tonela
 - Congratulations to the MoH for the effort in absorbing the hired human resources.

Closing remarks

- Dr. Irénio Gaspar

After 3 hours we were able to see the data and were here to analyze and discuss.

Some of the information was familiar to us because the teams prepared the presentations together. It was a year of good results for PEPFAR and the Mozambican government. We saw areas with very good results and others with aspects to be improved.

It will not be anything new. We must capitalize on the strategies that had gone dormant like testing, the key population component, and the link to care and treatment.

For viral load, it is very good to know that we have gone from previous capacity to 2 million tests per year.

It remains for us to continue to work on demand generation to improve our coverage that continues to leave something to be desired.

It was an intense work, it has the component of teenagers and young men who continue to lag, they need this special attention to see if we can improve these aspects. It was a very rich presentation, well done and well worked on.

As for the results, we are at the beginning of another fiscal year, we have new challenges some bigger than last year, like the pediatric ART. We must improve viral suppression in children

We have a lot of work ahead of us.

Thank you all for this excellent presentation.